



Ohio State Board of Sanitarian Registration

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Sanitarian Registration Testing Center Examination Instructions

This application is for candidates wishing to take the NEHA examination at a Pearson VUE testing center.

Examination applicants must be registered as sanitarians in training or approved to take the examination by the Board through the submission and approval of an application for registered sanitarian.

NEHA exams are coordinated through Professional Testing, Inc. The Board will notify you after your application has been received and processed, which can take four to six weeks. Before scheduling an exam, you must receive an authorization-to-test from NEHA, which will include your candidate ID. You will need to schedule your exam at least 24 hours in advance. To cancel or reschedule, you must contact Pearson VUE no less than 24 hours in advance.

Testing Center Examination Application Fee

The examination fee is \$265.00 and must be paid by credit card. All examination fees are non-refundable and non-transferable.

Special Accommodations

The State Board of Sanitarian Registration provides reasonable and appropriate accommodations in accordance with the *Americans with Disabilities Act* (ADA) for individuals with disabilities who demonstrate a need for special testing accommodations. The requested accommodations must be supported by documentation from a professional who is licensed to diagnose the disability and include:

- Statement of the diagnosed disability.
- An explanation of the special accommodations recommended, including an explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified disability.
- Information regarding the license or certification and area of specialization of the licensed professional

Requests for special testing accommodations and supporting documentation must be submitted to the Board by the examination registration deadline. Requests are reviewed at all regularly scheduled Board meetings. A schedule of meeting dates is available on the Board website.



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Examination Application Information

(Please Print)

Name:		
Mailing Address <i>**Please Print Clearly**</i>		
Street: _____		
City: _____		
State, Zip Code: _____		
County: _____		
SIT Number:	Home Phone w/ Area Code:	Work Phone w/ Area Code & Ext.
E-mail Address:		
Signature of Applicant:		

Please return the completed form to the Board address listed above or via email to stephanie.youst@exchange.state.oh.us



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Credit card payments may be mailed, faxed, emailed into the Board office. You must print legibly.

This document will be shredded after your payment is processed.

Section I: Provide Credit Card Information		
Card Holder Name: (Print First and Last Name)		
Credit Card Holder Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	Email Address:	
Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover	Credit Card Number:	
Credit Card Expiration Date	CVV2/CID# (The three digit number on back of card):	Payment Amount (\$0.00):
Section II: Provide Payment Information		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License/Exam Type: <input type="radio"/> SIT <input type="radio"/> RS <input type="radio"/> Reinstatement <input type="radio"/> Training Agency <input type="radio"/> Examination License Number (i.e. RS.000000) if applicable: _____		
Payment for: <input type="radio"/> SIT Application <input type="radio"/> Advancement Application <input type="radio"/> RS Application <input type="radio"/> Reinstatement Application <input type="radio"/> TA Application <input type="radio"/> Renewal <input type="radio"/> Late Renewal Fee <input type="radio"/> TA Renewal <input type="radio"/> Board Administered Exam <input type="radio"/> Online Examination		

Signature

Date